

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO. **10664341**

FILED DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT										
	IND	DEP	IND	DEP	IND	DEP		IND	DEP	IND	DEP	IND	DEP	IND	DEP
1	1		1				31								
2	1		1				32								
3	1		1				33								
4		3		3			34								
5		3		3			35								
6		3		3			36								
7		3		3			37								
8		1		1			38								
9		2		2			39								
10		2		2			40								
11		2		2			41								
12		1		1			42								
13		1		1			43								
14		1		1			44								
15		1		1			45								
16		1		1			46								
17		3		3			47								
18		1		1			48								
19		1		1			49								
20		2		2			50								
21		2		2											
22		2		2											
23		2		2											
24		2		2											
25		2		2											
26		2		2											
27		2		2											
28		2		2											
29		2		2											
30		2		2											
31		2		2											
32		1		1											
33		1		1											
34		1		1											
35		3		3											
36		3		3											
37		3		3											
38		1		1											
39		3		3											
40		1		1											
41		3		3											
42		3		3											
43		3		3											
44		3		3											
45		3		3											
46															
47															
48															
49															
50															
TOTAL IND. 3							TOTAL IND.								
TOTAL DEP. 85							TOTAL DEP.								
TOTAL CLAIMS 88							TOTAL CLAIMS								